



Attorney's Docket No. 5854-2 (44276/209251)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Kappes *et al.*

Appl. No.: 09/719,340

Group Art Unit: 1648

Filed: April 13, 2001

Examiner: Not Assigned

For: CELL-BASED METHOD AND ASSAY FOR MEASURING THE INFECTIVITY
AND DRUG SENSITIVITY OF IMMUNODEFICIENCY VIRUS

September 26, 2001

Commissioner for Patents
Washington, DC 20231

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.



Applicant claims small entity status. See 37 C.F.R. § 1.27.

No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 49	** 50	= 0	X9=	\$ 0	X18=	\$
INDEP	* 9	*** 6	= 3	X40=	\$ 120.00	X80=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+135=	\$	+270=	\$
				TOTAL ADD FEE \$ 120.00		OR TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.



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- ☐ Please charge my Deposit Account No. 16-0605 in the amount of \$.
- ☒ A check in the amount \$120 to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
 - ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

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CERTIFICATION OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office at Fax No. _____ on the date shown below. _____ Signature _____ Date	CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on September 26, 2001. <i>Wendy Wagner</i> _____ Wendy Wagner
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